

SECRET

Tab A

Approved For Release 2001/10/30 : CIA-RDP57-00384R000500020137-6
**CLAIM FOR REIMBURSEMENT FOR THE
STORAGE OF HOUSEHOLD EFFECTS**

Name of Claimant _____

Station/Allotment _____

I hereby claim reimbursement for the cost of storage of my household and personal effects as indicated below:

Storage authorized by Travel Order No. _____

Place of Storage _____

Name and Address _____

Net Weight of Effects Stored _____

Period Covered by Claim _____ to _____

Cost Per Month (Quarter, Year) _____

AMOUNT CLAIMED ** _____

** It is requested that the approved amount of this claim be paid to my U. S. Bank allottee.

I certify that, during the period covered by this claim, I was occupying Agency furnished quarters in an officially designated emergency area.

I further certify that the amount claimed above was paid by me; and that I have not, nor will I be, reimbursed from any other sources, Government or private; and that this voucher and attachments, if any, are true and correct in all respects.

Date

Signature of Claimant

APPROVED:

Date

Title

Signature

CERTIFICATION:

I certify that this voucher has been examined by me; that receipts or other substantiating data have been furnished me, or a satisfactory explanation made for the failure to furnish same; that it appears from such data that the itemized expenditures were for necessary official purposes, reimbursement for which is allowable under existing regulations; and that such expenditures are properly chargeable to available allotment(s) as indicated below.

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Date

Allotment

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Security Information
Authorized Certifying Officer

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Security Information
CLAIM FOR RENT OF QUARTERS
OCCUPIED AND RELATED COSTS

Name of Claimant _____ Station/Allotment _____

Address of Quarters Occupied _____

I hereby claim reimbursement for the cost itemized below of renting and maintaining living quarters at the address shown above as evidenced by receipts or other substantiating data attached:

Nature of Costs	Period	Amount
Rent		
Utilities (Itemize)		
Other (Itemize)		
Less: Reimbursed by:		()

TOTAL AMOUNT CLAIMED

I certify that the amounts claimed above were paid by me as necessary authorized expenses of maintaining my living quarters; and that I have not been, nor will I be, reimbursed from any other sources, Government or private, except as indicated above; and that this voucher and attachments, if any, are true and correct in all respects.

Date

Signature of claimant

APPROVED:

Quarters cost claimed above are reasonable in consideration of the employee's status, local living conditions, and in comparison with quarters furnished to other U. S. Government employees in this area.

Date

Title

Signature

Received from _____
the sum of _____
in settlement of claim above.

Date

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Signature

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